## The Family Court of the State of Delaware In and For □ New Castle □ Kent □ Sussex County

## PETITION FOR GUARDIANSHIP OF A MINOR

File Number(s):			Pe	etition Number:		
				1		
PETITIONER			2 <sup>no</sup>	d PETITIONER (if any)		
Name	]	Date of Birth	N	Name	Date	e of Birth
Street Address				Street Address		
Apt. No. or Box No.			Α	Apt. No. or Box No.		
City	State	Zip Code		City	State	Zip Code
Home Phone No.			H	Home Phone No.		
Work Phone No.			V	Work Phone No.		
Relation to Child(ren)				Relation to Child(ren)		
Attorney Name (if any)			A	Attorney Name (if any)		
Street Address			S	Street Address		
Suite or Box No.			S	Suite or Box No.		
City	State	Zip Code		City	State	Zip Code
RESPONDENT			200	d RESPONDENT (if any)		
г		D . CD! d				D . CD! 1
Name		Date of Birth		Name		Date of Birth
Street Address			S	Street Address		
Apt. No. or Box No.			A	Apt. No. or Box No.		
City	State	Zip Code	C	City	State	Zip Code
Home Phone No.			F	Home Phone No.		
Work Phone No.				Work Phone No.		
Relation to Child(ren)				Relation to Child(ren)		
Attorney Name (if any)			A	Attorney Name (if any)		
Street Address			S	Street Address		
Suite or Box No.			S	Suite or Box No.		
G.				~.		
City	State	Zip Code		City	State	Zip Code
Guardian ad Litam	if ony. Name					
Guardian ad Litem, Addragg: Street Address	11 ally					
Addiess.	-		Ctata		7in Codo	_
City			State		Zip Code	
Attorney for Guardian ad Litem, if any:  Name						
Address of Attorney for Guardian ad Litem: Street Address						
City	, 101 Camalai		State		Zip Code	
<u> </u>						

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete the table below for each child for which petitioner wants guardianship. Attach additional sheets if necessary.)

Child's Name		Child's Date of Birth	Child's Place of Birth (City, State)	Child's Gender (Check One)		
				☐ Male ☐ Female		
				☐ Male ☐ Female		
				☐ Male ☐ Femal		
				☐ Male ☐ Femal		
	Complete the table be Name	low regarding the child(ren)'  Address	s parents:  Date of Birth	Social Security No		
HER						
belov	v what you have don	e to try to locate him/her/the	m.			
Name(s) of person(s) or organization <b>holding parental rights</b> to the child(ren):						
Name(s) of the person(s) or organization <b>having the guardianship, care, control or custody</b> of the child(ren):						
		rganization:				
Name(s) of the person(s) to whom guardianship shall be vested if this Petition is granted:						
Addr	ess of person(s) or o	rganization if address is diffe	rent from address of Petitione	r(s):		
	THER  If you below  Name Addr  Name child Addr  Name	Complete the table be Name  HER  If you do not know the nabelow what you have don  Name(s) of person(s) or or Address of person(s) or or or Address of person(s) or or or hame(s) of the person(s) or or hame(s) of the person(s) or or hame(s) of the person(s)	Complete the table below regarding the child(ren)'  Name Address  HER  If you do not know the name/address of the child(ren)' below what you have done to try to locate him/her/then  Name(s) of person(s) or organization holding parenta Address of person(s) or organization:  Name(s) of the person(s) or organization having the general child(ren):  Address of person(s) or organization:  Name(s) of the person(s) or organization:  Name(s) of the person(s) or organization:	Complete the table below regarding the child(ren)'s parents:  Name Address Date of Birth  HER  If you do not know the name/address of the child(ren)'s mother and/or father, write ibelow what you have done to try to locate him/her/them.  Name(s) of person(s) or organization holding parental rights to the child(ren):  Address of person(s) or organization:  Name(s) of the person(s) or organization having the guardianship, care, control or child(ren):  Address of person(s) or organization:		

	126 7/02)						
3 6.	Proposed guardian(s)' relationship to child(ren) if proposed guardian is <b>NOT</b> the Petitioner:						
7.	Plea	se check all that apply:					
		The following child(ren) is/are not yet 14					
		· · · · · · · · · · · · · · · · · · ·	; OR der and consents to (agree with) this Petition ( <b>Attach</b> hild(ren) who consents) Name(s) of child(ren) 14 years				
		The child(ren) is/are 14 years of age or older does/do <b>NOT</b> consent to (agree with) this Petition. Name(s) of child(ren) 14 years of age or older who do <b>NOT</b> consent:					
8.	I am □	The child(ren)'s parent(s) agree that I/we an Affidavit of Consent executed by the parent state of the child is a second of the child in the child in the child is a second of the child in	should become the guardian(s) of the child(ren) (Attach				
		I am a stepparent of the child(ren) and the legal parent having custody or primary placement for the child(ren) has become disabled. The child(ren) have been living with me immediately before the legal parent having custody or primary placement has become disabled.					
		The child(ren)'s parent(s) are deceased. (Attach a certified copy of the death certificate)					
		The child(ren) is/are dependant and/or neg	glected based on the following reason(s):				
WH	EREFO	ORE, Petitioner(s) seek appointment as Guard	dian(s) of the above-named minor child(ren).				
Petitioner/Petitioner(s)' Attorney			Petitioner 2, if any				
Date	e:		Date:				
SWORN TO AND SUBSCRIBED before me this date,			SWORN TO AND SUBSCRIBED before me this date,				
Nota	ary Publ	lic or Clerk of Court	Notary Public or Clerk of Court				